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**School District Claim for** State Reimbursement for **School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| DUE   |
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| DATES |

## **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0258 Lewistown Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 67 1 1 170 1.57 72 07/26/05 2 67 1 110 1.80 84 07/26/05 3 97 08/29/05 67 1 1.36 66 4 108 1.80 84 67 1 07/26/05 5 67 58 1.36 66 07/26/05 67 1 6 78 0.95 47 07/26/05 7 67 1 98.9 0.95 48 07/26/05 67 8 53 1.80 84 08/15/05 1 9 07/26/05 67 1 128 1.15 53

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| <b>DUE</b> |
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| DATES      |

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|---------------|--|------------------|--|------------------|------------------|-----------|---------------|---|-----------------------------------|
| DUE<br>DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent |                  |  |                  |                  |           | -             | Second Semester<br>County Superin<br>State Superinter | tendent                           |
| COMPL         | ETE THI  | S CLAIM FO       | R STA                                  | TE REIMI         | BURSEMEN         | T FOR SCH | IOOL BUS TRAN | NSPORTATION:  |                                   |
| This clain    | m is for the   | period beginning |  |                  | ,                | 20 and er | nding         | ,   | 20                                |
|               |  |                  |  | month            | day              |           | m             | onth da   | y                                 |
| CERTIF        | ICATION  | <b>1:</b>        |  |                  |                  |           |               |   |                                   |
| The infor     | rmation on t   | his form is comp | lete and                               | accurate to th   | e best of my kn  | owledge.  |               |   |                                   |
| Date          |  |                  | Signatu                                | re, Chair, Board | d of Trustees    |           |               |   |                                   |
| County:       |  |                  | District                               | :                |                  |           |               | District Le   | vel:                              |
| 14 Fergi      | us   |                  | 0259                                   | Fergus H         | IS               |           |               | High Se   | chool                             |
| Percentage    | District<br>#  | Route<br>#       |  | Miles<br>Per Day | Rate<br>Per Mile | Capacity  | Inspection    | Days<br>Operated                                      | Bus Driver's<br>Social Security # |
| 33            | 1  | 1                |  | 170              | 1.57             | 72        | 07/26/05      |   |                                   |
| 33            | 1  | 2                |  | 110              | 1.80             | 84        | 07/26/05      |   |                                   |
| 33            | 1  | 3                |  | 97               | 1.36             | 66        | 08/29/05      |   |                                   |
| 33            | 1  | 4                |  | 108              | 1.80             | 84        | 07/26/05      |   |                                   |
| 33            | 1  | 5                |  | 58               | 1.36             | 66        | 07/26/05      |   |                                   |
| 33            | 1  | 6                |  | 78               | 0.95             | 47        | 07/26/05      |   |                                   |
| 33            | 1  | 7                |  | 98.9             | 0.95             | 48        | 07/26/05      |   |                                   |
| 33            | 1  | 8                |  | 53               | 1.80             | 84        | 08/15/05      |   |                                   |
| 33            | 1 1  | 9                |  | 128              | 1 15             | 53        | 07/26/05      |   |                                   |

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| DUE   |
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| DATES |

|               |  |                                     | ,                     |                  | -                |           |                 |   |                                   |
|---------------|--|-------------------------------------|-----------------------|------------------|------------------|-----------|-----------------|---|-----------------------------------|
| DUE<br>DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent |                                     |                       |                  |                  |           | •               | Second Semeste<br>o County Superin<br>o State Superinte | tendent                           |
| COMPLI        | ETE TH   | IS CLAIM FO                         | R STA                 | TE REIME         | BURSEMEN         | T FOR SCI | HOOL BUS TRA    | NSPORTATION:  | <b>!</b>                          |
| This clain    | n is for the   | period beginning                    |                       | month            | day,             | 20 and e  | ndingn          |   | 20<br>ay                          |
| CERTIF        | <b>ICATIO</b>  | N:                                  |                       |                  |                  |           |                 |   |                                   |
| The infor     | mation on  | this form is comp                   | lete and              | accurate to the  | e best of my kno | owledge.  |                 |   |                                   |
| Date          |  | Signature, Chair, Board of Trustees |                       |                  |                  |           |                 |   |                                   |
| County:       |  |                                     | District:             |                  |                  |           | District Level: |   |                                   |
| 14 Fergu      | 1S   |                                     | 0268 Grass Range Elem |                  |                  |           | Elementary      |   |                                   |
| Percentage    | District<br>#  | Route<br>#                          |                       | Miles<br>Per Day | Rate<br>Per Mile | Capacity  | Inspection      | Days<br>Operated  | Bus Driver's<br>Social Security # |
| 50            | 27   | 1                                   |                       | 80               | 1.36             | 66        | None            |   |                                   |
| 50            | 27   | 2                                   |                       | 115.2            | 1.15             | 59        | None            |   |                                   |
| 50            | 27   | 3                                   |                       | 68               | 0.95             | 21        | None            |   |                                   |
| 50            | 27   | 4                                   |                       | 106              | 1.15             | 54        | None            |   |                                   |
| 50            | 27   | 5                                   |                       | 124.5            | 1.15             | 54        | None            |   |                                   |
|               |  |                                     |                       |                  |                  |           | •               |   |                                   |

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| <b>DUE</b> |
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| DATES      |

|  | — 11010   | a, W 1 330   | 20-23  | 01  |  |  |  |  |  |   |
|--|---|--|--|---|--|--|--|--|--|---|
| First Semester February 1 to County Superintendent February 15 to State Superintendent |   |  |  |   |  |  | -  | to County  | Superintend  |   |
| ETE TH   | IS CLAIM FO   | R STATE F  | REIMI  | BURSEMEN  | T FOR S  | SCHOO!   | L BUS TRA  | NSPORT   | ATION:   |   |
| n is for the   | period beginning  | 5  |  | <b>,</b>  | 20 aı  | nd ending  |  |  | , 20   | •   |
|  |   | month  |  | day   |  |  | 1  | month  | day  |   |
| ICATIO   | N:  |  |  |   |  |  |  |  |  |   |
| mation on  | this form is comp   | lete and accura  | ate to th  | e best of my kn   | owledge.   |  |  |  |  |   |
| Signature, Chair, Board of Trustees  |   |  |  |   |  |  |  |  |  |   |
|  |   | District:  |  |   |  |  |  |  | District Level:  |   |
| us   |   | 0269 Gra   | ass Ra   | ange H S  |  |  |  |  | High Scho  | ol  |
| District<br>#  | Route<br>#  |  |  | Rate<br>Per Mile  | Capaci   | ty   | Inspection   |  | •  | Bus Driver's<br>Social Security #   |
| 27   | 1   | 8  | 30   | 1.36  | 66   |  | None   |  |  |   |
| 27   | 2   | 11   | 5.2  | 1.15  | 59   |  | None   |  |  |   |
| 27   | 3   | 6  | 58   | 0.95  | 21   |  | None   |  |  |   |
| 27   | 4   | 1  | 06   | 1.15  | 54   |  | None   |  |  |   |
| 27   | 5   | 12   | 4.5  | 1.15  | 54   |  | None   |  |  |   |
|  | ETE THO In is for the ICATIO Imation on  IS District # 27 27 27 27 27 | February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning  ICATION:  mation on this form is composite to the period beginning  IS  District # Route #  27 | First Semest February 1 to County S February 15 to State Su  ETE THIS CLAIM FOR STATE F In is for the period beginning month  ICATION:  Mation on this form is complete and accurate Signature, Chain Signature, C | First Semester February 1 to County Superint February 15 to State Superint  ETE THIS CLAIM FOR STATE REIMI In is for the period beginning | February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN  in is for the period beginning | First Semester   February 1 to County Superintendent   February 15 to State Superintendent   February 15 to State Superintendent   February 15 to State Superintendent | First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOO  In is for the period beginning | First Semester   February 1 to County Superintendent   May 10   May 24 | First Semester   Second   May 10 to County   Superintendent   May 10 to County   May 24 to State   S | First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: In is for the period beginning  month day |

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| DUE   |
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| DATES |

| DUE<br>DATES:  | 1 columny to to state supermentality |            |           |                  |                  |           | Second Semester May 10 to County Superintendent May 24 to State Superintendent |            |        |               |                                   |
|--|--------------------------------------|------------|-----------|------------------|------------------|-----------|--|------------|--------|---------------|-----------------------------------|
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FO  This claim is for the period beginning |                                      |            |           |                  |                  | and endin |  | month      |        | 20            |                                   |
| CERTIFI  | ICATIO                               | N:         |           |                  |                  |           |  |            |        |               |                                   |
| The information on this form is complete and accurate to the best of my knowledge.     |                                      |            |           |                  |                  |           |  |            |        |               |                                   |
| Date Signature, Chair, Board of Trustees   |                                      |            |           |                  |                  |           |  |            |        |               |                                   |
| County:  |                                      |            | District: |                  |                  |           |  |            |        | District Le   | evel:                             |
| 14 Fergu   | 4 Fergus 0273 Moore Elem             |            |           |                  |                  |           |  |            | Elemer | ntary         |                                   |
| Percentage   | District<br>#                        | Route<br># |           | Miles<br>Per Day | Rate<br>Per Mile | Capa      | city   | Inspection |        | ays<br>crated | Bus Driver's<br>Social Security # |
| 60   | 44                                   | 1          |           | 110.4            | 0.95             | 48        | 3  | 08/17/05   |        |               |                                   |
| 60   | 44                                   | 2A         |           | 76.8             | 0.95             | 48        | 3  | 08/17/05   |        |               |                                   |
| 60   | 44                                   | 3          |           | 108              | 0.95             | 48        | 3  | 08/17/05   |        |               |                                   |
|  | II.                                  |            |           |                  | 1                |           |  |            |        |               |                                   |

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| <b>DUE</b> |
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| DATES      |

| ,  |  |                   |                      |                  |           |  |                  |                                   |  |
|--|--|-------------------|----------------------|------------------|-----------|--|------------------|-----------------------------------|--|
| DUE<br>DATES:                            | First Semester February 1 to County Superintendent February 15 to State Superintendent |                   |                      |                  |           | Second Semester May 10 to County Superintendent May 24 to State Superintendent |                  |                                   |  |
| COMPL                                    | ETE TH   | IS CLAIM FO       | R STATE REI          | MBURSEME         | NT FOR SC | HOOL BUS TRA   | ANSPORTATION:    |                                   |  |
| This clain                               | n is for the   | period beginning  |                      |                  | , 20 and  | ending   | <b>,</b>         | 20                                |  |
|  |  |                   | month                | day              |           |  | month da         |                                   |  |
| CERTIF                                   | ICATIO   | N:                |                      |                  |           |  |                  |                                   |  |
| The infor                                | mation on  | this form is comp | lete and accurate to | the best of my k | nowledge. |  |                  |                                   |  |
| Date Signature, Chair, Board of Trustees |  |                   |                      |                  |           |  |                  |                                   |  |
| County:                                  |  |                   | District:            |                  |           |  | District Le      | vel:                              |  |
| 14 Fergi                                 | 4 Fergus 0274 Moore H S  |                   |                      |                  |           |  | High S           | chool                             |  |
| Percentage                               | District<br>#  | Route<br>#        | Miles<br>Per Day     | Rate<br>Per Mile | Capacity  | Inspection   | Days<br>Operated | Bus Driver's<br>Social Security # |  |
| 40                                       | 44   | 1                 | 110.4                | 0.95             | 48        | 08/17/05   |                  |                                   |  |
| 40                                       | 44   | 2A                | 76.8                 | 0.95             | 48        | 08/17/05   |                  |                                   |  |
| 40                                       | 44   | 3                 | 108                  | 0.95             | 48        | 08/17/05   |                  |                                   |  |
|  |  |                   |                      | •                | •         | •  | •                |                                   |  |

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County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

| State    |  |
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| District |  |
| County   |  |

| DUE<br>DATES:  | First Semester February 1 to County Superintendent February 15 to State Superintendent |                       |                 |           |                | May 10 to County<br>May 24 to State S | Superintendent |  |
|--|--|-----------------------|-----------------|-----------|----------------|---------------------------------------|----------------|--|
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: |  |                       |                 |           |                |                                       |                |  |
| This claim   | is for the period beginning  |                       |                 | , 20      | _ and ending _ |                                       | , 20           |  |
|  |  | month                 | day             |           |                | month                                 | day            |  |
| CERTIFI  | CATION:  |                       |                 |           |                |                                       |                |  |
| The inforr   | nation on this form is comp  | lete and accurate to  | the best of my  | knowledge | <b>2.</b>      |                                       |                |  |
| Date   |  | Signature, Chair, Boa | ard of Trustees |           |                |                                       |                |  |

0280 Roy K-12 Schools 14 Fergus **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 100 74 1 West 50 0.95 16 08/02/05 100 92 0.95 35 08/02/05 74 2 North 100 74 08/02/05 3 East 108 0.95 36

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**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| <b>DUE</b> |
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| DATES      |

| DUE DATES:                             | First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR |                                       |           |  |  | T FOD SCH                              | May 24 t   | Second Semester o County Superin o State Superinter | tendent<br>ndent                           |  |
|--|---|---------------------------------------|-----------|--|--|--|--|---|--|--|
|  |   |                                       |           |  |  |  | OOL BUS TRA  |   |  |  |
| This clain                             |   |                                       |           |  |  | 20 and en                              | and ending, 20   |   |  |  |
|  |   |                                       | 1         | nonth  | day  |  | n  | nonth da  | ny   |  |
| CERTIF                                 |   |                                       |           |  |  |  |  |   |  |  |
| The infor                              | mation on   | this form is comp                     | lete and  | accurate to th   | e best of my kn  | owledge.                               |  |   |  |  |
| Date                                   |   |                                       | Signatur  | re, Chair, Board   | d of Trustees  |  |  |   |  |  |
|  |   |                                       |           |  |  |  |  |   |  |  |
| County:                                |   |                                       | District: |  |  |  |  | District Le   | vel·                                       |  |
| county.                                |   |                                       | District. |  |  |  |  | District Le   | · C1.                                      |  |
|  |   |                                       |           |  |  |  |  |   |  |  |
| 14 Fergu                               | us  |                                       | 0281      | <b>Denton I</b>  | Elem   |  |  | Elemen  | ntary                                      |  |
| 14 Fergu                               | District  | Route<br>#                            | 0281      | Denton I  Miles Per Day                                  | Elem<br>Rate<br>Per Mile   | Capacity                               | Inspection   | Elemen<br>Days<br>Operated                          | ntary<br>Bus Driver's<br>Social Security # |  |
|  | District  |                                       | 0281      | Miles  | Rate   | Capacity 42                            | Inspection 08/17/05  | Days  | Bus Driver's                               |  |
| Percentage                             | District<br>#   | #                                     | 0281      | Miles<br>Per Day   | Rate<br>Per Mile   |  |  | Days  | Bus Driver's                               |  |
| Percentage 70                          | District<br>#<br>84   | #<br>1a                               | 0281      | Miles<br>Per Day<br>76                                   | Rate<br>Per Mile<br>0.95   | 42                                     | 08/17/05   | Days  | Bus Driver's                               |  |
| Percentage 70 70                       | District # 84 84  | #<br>1a<br>1b                         | 0281      | Miles<br>Per Day<br>76<br>66                             | Rate<br>Per Mile<br>0.95<br>0.95   | 42<br>42                               | 08/17/05<br>08/17/05   | Days  | Bus Driver's                               |  |
| 70<br>70<br>70                         | District # 84 84 84   | #<br>1a<br>1b<br>2a                   | 0281      | Miles<br>Per Day<br>76<br>66<br>62                       | Rate<br>Per Mile<br>0.95<br>0.95<br>0.95                                 | 42<br>42<br>48                         | 08/17/05<br>08/17/05<br>08/17/05   | Days  | Bus Driver's                               |  |
| Percentage 70 70 70 70 70              | # 84<br>84<br>84<br>84<br>84  | #<br>1a<br>1b<br>2a<br>2b             | 0281      | Miles<br>Per Day<br>76<br>66<br>62<br>58                 | Rate<br>Per Mile<br>0.95<br>0.95<br>0.95<br>0.95                         | 42<br>42<br>48<br>48                   | 08/17/05<br>08/17/05<br>08/17/05<br>08/17/05                                     | Days  | Bus Driver's                               |  |
| 70<br>70<br>70<br>70<br>70<br>70       | # 84<br>84<br>84<br>84<br>84<br>84  | #<br>1a<br>1b<br>2a<br>2b<br>3a       | 0281      | Miles<br>Per Day<br>76<br>66<br>62<br>58<br>80.7         | Rate<br>Per Mile<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95                 | 42<br>42<br>48<br>48<br>16             | 08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05                         | Days  | Bus Driver's                               |  |
| 70<br>70<br>70<br>70<br>70<br>70<br>70 | 84<br>84<br>84<br>84<br>84<br>84<br>84  | #<br>1a<br>1b<br>2a<br>2b<br>3a<br>3b | 0281      | Miles<br>Per Day<br>76<br>66<br>62<br>58<br>80.7<br>67.5 | Rate<br>Per Mile<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95         | 42<br>42<br>48<br>48<br>16<br>16       | 08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05             | Days  | Bus Driver's                               |  |
| Percentage 70 70 70 70 70 70 70 70 70  | # 84<br>84<br>84<br>84<br>84<br>84<br>84<br>84  | # 1a 1b 2a 2b 3a 3b 4                 | 0281      | Miles<br>Per Day<br>76<br>66<br>62<br>58<br>80.7<br>67.5 | Rate<br>Per Mile<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95<br>0.95 | 42<br>42<br>48<br>48<br>16<br>16<br>48 | 08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05<br>08/17/05 | Days  | Bus Driver's                               |  |

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## **School District Claim for** State Reimbursement for **School Bus Transportation**

| State    |  |
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| District |  |
| County   |  |

| DUE   |
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| DATES |

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 14 Fergus 0282 Denton H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 30 84 1a 76 0.95 42 08/17/05 30 84 1b 66 0.95 42 08/17/05 30 84 62 0.95 48 08/17/05 2a 0.95 2b 58 48 08/17/05 30 84 30 84 3a 80.7 0.95 16 08/17/05 30 84 3b 67.5 0.95 16 08/17/05 0.95 30 84 4 100 48 08/17/05 30 84 6 61 0.95 20 08/17/05

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
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| District |  |
| County   |  |

| DUE   |
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| DATES |

| DUE<br>DATES:  | First Semester<br>February 1 to County Superintendent<br>February 15 to State Superintendent |            |                            |        |      | Second Semester May 10 to County Superintendent May 24 to State Superintendent |                       |                  |                                   |  |
|--|--|------------|----------------------------|--------|------|--|-----------------------|------------------|-----------------------------------|--|
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:         |  |            |                            |        |      |  |                       |                  |                                   |  |
| This claim is for the period beginning, month day                                  |  |            |                            |        | , 20 | _ and end  | ending, 20  month day |                  |                                   |  |
| CERTIFICATION:   |  |            |                            |        |      |  |                       |                  |                                   |  |
| The information on this form is complete and accurate to the best of my knowledge. |  |            |                            |        |      |  |                       |                  |                                   |  |
| Date Signature, Chair, Board of Trustees   |  |            |                            |        |      |  |                       |                  |                                   |  |
| County:  |  |            | District:                  |        |      |  | District Level:       |                  |                                   |  |
| 14 Fergi   | ıs   |            | 0291 Winifred K-12 Schools |        |      |  | High School           |                  |                                   |  |
| Percentage   | District<br>#  | Route<br># | Mile<br>Per D              |        |      | acity  | Inspection            | Days<br>Operated | Bus Driver's<br>Social Security # |  |
| 100  | 115  | 1          | 98                         | 1.15   | 5    | 2  | 08/16/05              |                  |                                   |  |
| 100  | 115  | 2          | 115.                       | 4 1.15 | 5    | 4  | 08/16/05              |                  |                                   |  |
| 100  | 115  | 3          | 61.8                       | 0.95   | 4    | 2  | 08/16/05              |                  |                                   |  |
| 100  | 115  | 4          | 83.4                       | 0.95   | 3    | 6  | 08/16/05              |                  |                                   |  |
|  |  |            |                            |        |      |  |                       |                  |                                   |  |